

CITY OF KANSAS CITY, MISSOURI

Crosswalk Restoration Program

Release & Waiver

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("RELEASE")

This form must be signed by each participant before the participant begins work with the Crosswalk Restoration Program.

No person may participate without a completed form.

I wish to voluntarily participate in the Crosswalk R	Restoration Program (the "Program") at the following location:	
In consideration of being permitted to participate estate, assigns, heirs, and next of kin:	in any way in the Program, I, for myself, my personal representatives,	administrators,
	am over the age of 18 years, and understand the risks involved in particle, and in proper physical condition to participate in the Program.	cipating in the
warrant that if at any time I believe that condition understand there are risks, including risks of serio bottles, sharp metal objects and other potentially s and these risks and dangers may be caused by my Program, the condition in which the Program tak economic losses either not known to me or not re-	conducted over public roads upon which the hazards may be encountered as are to be unsafe, I will immediately discontinue further participation is ious bodily injury, and that I may encounter broken and discarded items serious hazards. I understand that by participating in the Program I expert of your actions, or inactions or by the actions or inactions of others particles place, or the negligence of the City and that there may be other risk eadily foreseeable at this time; and I FULLY ACCEPT AND ASSUM DSSES, COSTS AND DAMAGES I incur as a result of my participation.	n the Program. I such as glass ose myself to injury ticipating in the as and social and E ALL SUCH
from and against claims, damages, liability, lossed acts or omissions in connection with the perform caused in part by any act or omission of City, its	of Kansas City, Missouri and any of its agencies, officials, officers ses, costs, and expenses, including reasonable attorneys' fees, arising of mance on the Program, caused in whole or in part by me, regardless of a agencies, officials, officers or employees; and I further agree that if, of the City, I will indemnify, save, and hold harmless the City from any City may incur as the result of such claim.	ut of any negligent whether or not despite this release
employer/employee relationship with the City an	er, and my participation in the Program shall not in any way constitute or and myself. The City shall not be responsible for, nor liable for nor shall as as a result of this Agreement. I shall not perform any work beyond the	the applicant be
participating in the Program. I agree to use any sa	ablished for the Program, and to conduct myself in a safe and prudent masafety equipment and follow safe work practices, and that I am not to appears, nor shall I consume any alcohol or illegal drugs while participating in	ear for the program
I HAVE READ THIS AGREEMENT, FULLY	Y UNDERSTAND ITS TERMS,	
Signature:	Date:	
Name:		
Address:		
		-
Email:		
Home Phone:		

Emergency Contact Name & Phone: